

## **WHY SHOULD THE COMMUNITY PLANNING GROUP WRITE THE COMPREHENSIVE HIV PREVENTION PLAN?**

The Centers for Disease Control and Prevention (CDC) position is, ***“The primary task of the Community Planning Group is to develop a Comprehensive HIV Prevention Plan for the state of Indiana that includes prioritized target populations and a set of prevention activities and interventions for each targeted population.”*** Target populations need to be prioritized and prevention activities and interventions need to be selected based on their applicability to prevent as many HIV infections, as possible. The Community Planning Group is required to develop at least one Comprehensive HIV Prevention Plan at a minimum of every five years. Indiana’s statewide plan addresses HIV prevention activities. The plan also contains suggested plans about how HIV prevention funds are to be used during the funding cycle including federal, state, local, as well as, where possible private resources. The Indiana HIV Prevention Community Planning Group has chosen to implement the state’s three-year funding cycle into their planning cycle and create a plan every three years, and update their existing plan annually or as needed.

The purpose and objective of the Comprehensive HIV Prevention Plan is to serve as a guide on how HIV prevention programs across the state of Indiana should respond to the HIV epidemic in implementing HIV prevention community planning, counseling, testing and referral/partner counseling referral services (CTR/PCRS), HIV prevention health education and risk reduction, capacity building, evaluation, and other health department activities conducted under the Program Announcement for HIV Prevention Projects.

### **THE IMPORTANCE OF HIV PREVENTION COMMUNITY PLANNING**

CDC expects HIV prevention community planning to improve HIV prevention programs by strengthening the: 1) scientific basis, 2) community relevance, and 3) population-based or risk-based focus of HIV prevention interventions in each project area. The basic intent of the process has been threefold: to increase meaningful community involvement in prevention planning, to improve the scientific basis of program decisions, and to target resources to those communities at highest risk for HIV transmission/acquisition.

### **WHY WAS HIV PREVENTION COMMUNITY PLANNING INITIATED?**

In 1993, CDC issued a directive for “states and localities” to receive special funds for HIV prevention to assist in the creation of HIV Prevention Community Planning Groups (CPG). Prior to 1993, communities were involved in carrying out HIV prevention services, but were not involved in the planning of comprehensive state and local prevention programs. Decisions regarding HIV prevention were either mandated by Congress or administered by the CDC through its Cooperative Agreement with State Health Departments regulating

their grantees to adhere to CDC mandated criteria. Community Planning was developed to reflect the belief that it would bring state and local health departments down to community level and assist them with a more realistic point of view for determining how best to respond to local HIV prevention priorities and needs. Community Planning also assists in giving these entities a vehicle to determine how the CDC's mandates and initiatives could be best carried out through local community decision making.

## **A BRIEF HISTORY OF THE INDIANA HIV PREVENTION COMMUNITY PLANNING GROUP**

In 1994 pre-planning groups were established by the state of Indiana to review the state's previous HIV planning experience before Community Planning was decreed into existence, to ascertain how closely this prior planning experience and how it fit into the mandate for community planning established by CDC. After much research and discussion these *"framework builders"* of the Indiana CPG decided that it was best for the state of Indiana to have one (1) statewide planning body that would have a member capacity of as many as thirty-two (32). Today the CPG Charter mandates a capacity of twenty (20) to twenty-five (25) members. Eighteen (18) to twenty-three (23) members sought through nominations from around the state of Indiana and two (2) members that are nominated from the services planning body the Comprehensive HIV Services Planning and Advisory Council (CHSPAC). These two (2) members provide the services planning perspective to the CPG as well as answer any questions that may arise regarding their services expertise during the course of a monthly meeting. These two (2) members are held to the same standards and criteria as other members in the group.

## **THE INDIANA CPG PROCESS**

The Academy for Educational Development defines participatory planning as, ***"an ongoing process which state and local health departments share responsibility for developing a Comprehensive HIV Prevention Plan with other governmental and non-governmental agencies, and representatives of communities and groups at risk for HIV infection or those already infected."*** The Indiana HIV Prevention CPG uses this form of planning in identifying needs and making decisions through the broad-based involvement of a wide range of viewpoints, wherein differences in background, perspective, and experience are essential and valued. Members are made aware that their perspectives and wide range of experiences are valued at the beginning of each meeting with the reading of the Ground Rules and the Purpose of the CPG (Attachment A). The following information will provide the framework and brief overview of Indiana's community participatory planning process as well as how the Indiana CPG carries out the mandates set forth by the Centers for Disease Control and Prevention (CDC).